

ARIZONA DME GUIDELINES


(AS OF 07/09/2013)

****DME SPECIFIC PERMIT PENDING****

Arizona does require suppliers of prescription devices to hold a permit with our Board. Due to the recent changes in the DME industry (i.e. Medicare reimbursement; DMEPOS, MIPPA) and the increase in permit requests; the Board has begun the process of creating a DME permit (to be combined with our current compressed medical gas permit).

While approval for combining the DME into the medical gas permit has been granted, the Board is currently working on the rules and regulations of such a permit. We are currently looking at the revised combination (compressed medical gas & DME) permit to be ready to be issued within the next 6 months.

At this time, all current DME providers who hold a permit (wholesale, Non-Rx) with us; will have their permits converted over by the Board when the 'ok' to issue and release the DME permit is given. All fees, addresses and data will be transferred to the new permit. A new permit number will be issued.



For those DME providers who **DO NOT** hold a permit with the Board at this time; we are asking that you apply for the **COMPRESSED MEDICAL GAS SUPPLIER** permit. While your devices/products may be considered to be prescription; this permit will at least comply with the requirement that you hold a permit to ship into Arizona. Once the 'ok' to issue and release the DME permit is given. All fees, addresses and data will be transferred to the new permit.

A list of DME products is below.

ITEM	PERMIT NEEDED	
Automatic External Defibrillators (AEDs)	NO	NO PERMIT NEEDED FOR BATTERIES, EITHER.
Blood Glucose Monitors and Supplies (mail order)	YES	
Blood Glucose Monitors and Supplies (non-mail order)	YES	
Breast Prostheses and Accessories	NO	
Canes and Crutches	NO	
Cochlear Implants	NO	

Commodes/Urinals/Bedpans	NO	
Continuous Passive Motion (CPM) Devices	YES	
Continuous Positive Airway Pressure (CPAP) Devices	YES	
Contracture Treatment Devices: Dynamic Splint	NO	
Diabetic Shoes/Inserts-Non-Custom	NO	
Diabetic Shoes/Inserts-Custom	NO	
Enteral Nutrients	NO	
Enteral Equipment and/or Supplies	YES	
External Infusion Pumps and Supplies	YES	
Facial Prostheses	NO	
Gastric Suction Pumps	YES	
Heat & Cold Applications	NO	
Hemodialysis Equipment and Supplies	YES	
High Frequency Chest Wall Oscillation (HFCWO) Devices	YES	
Home Dialysis Equipment and Supplies	YES	
Hospital Beds-Electric	NO	
Hospital Beds-Manual	NO	
Implanted Infusion Pumps and Supplies	YES	
Infrared Heating Pad Systems	NO	
Insulin Infusion Pumps and Supplies	YES	
Intermittent Positive Pressure Breathing (IPPB) Devices	YES	
Intrapulmonary Percussive Ventilation Devices	YES	
Invasive Mechanical Ventilation Devices	YES	
Limb Prostheses	NO	

Mechanical In-Exsufflation Devices	YES	
Nebulizer Equipment and Supplies	YES	
Negative Pressure Wound Therapy Pumps and Supplies	YES	
Neuromuscular Electrical Stimulators (NMES)	YES	
Neurostimulators	YES	
Ocular Prostheses	NO	
Orthoses: Custom Fabricated	NO	
Orthoses: Prefabricated (non-custom fabricated)	NO	
Orthoses: Off-The-Shelf	NO	
Penile Pumps	NO	
Osteogenesis Stimulators	YES	
Ostomy Supplies	YES	
Oxygen Equipment and Supplies	YES	MEDICAL GASES REQUIRE THE MEDICAL GAS PERMIT
Parenteral Nutrients	NO	
Parenteral Equipment and/or Supplies	YES	
Patient Lifts	NO	
Pneumatic Compression Devices	YES	
Power Operated Vehicles (Scooters)	NO	
Prosthetic Lenses: Conventional Contact Lenses	NO	SUPPLIER MUST HAVE VALID PRESCRIPTION FROM DOCTOR. (See Arizona State Board of Optometry / Arizona State Board of Dispensing Opticians.)
Prosthetic Lenses: Conventional Eyeglasses	NO	SUPPLIER MUST HAVE VALID PRESCRIPTION FROM DOCTOR. (See Arizona State Board of Optometry / Arizona State Board of Dispensing Opticians)
Prosthetic Lenses: Prosthetic Cataract Lenses	NO	SUPPLIER MUST HAVE VALID PRESCRIPTION FROM DOCTOR. (See Arizona State Board of Optometry / Arizona State Board of Dispensing Opticians.)
Respiratory Assist Devices	YES	

Respiratory Suction Pumps	YES	
Seal Lift Mechanisms	NO	
Somatic Prostheses	NO	
Speech Generating Devices	NO	
Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads	NO	
Surgical Dressings	NO	
Tracheostomy Supplies	YES	
Traction Equipment	NO	
Transcutaneous Electrical Nerve Stimulators (TENS)	YES	
Ultraviolet Light Devices		
Urological Supplies	YES/NO	SOME CATHETERS ARE PRESCRIPTION; NO PERMIT NEEDED FOR LEG/DRAINAGE BAGS, GLOVES, URINALS, CLAMP/HOLDER, WIPES...
Ventilators Accessories/Supplies	YES	
Voice Prosthetics	NO	
Walkers	NO	
Wheelchair Seating/Cushions	NO	
Wheelchairs-Complex Rehabilitative Manual Wheelchairs	NO	
Wheelchairs-Complex Rehabilitative Manual Wheelchairs Related Accessories	NO	
Wheelchairs-Complex Rehabilitative Power Wheelchairs	NO	
Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories	NO	
Wheelchairs-Standard Manual	NO	
Wheelchairs-Standard Manual Related Accessories	NO	
Wheelchairs-Standard Power	NO	

Wheelchairs-Standard Power Related Accessories	NO	
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